OCT O 6 2004 60

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

20 and 1 cited

Total Number of Pages in This Submission

Application Number	09/902,845					
Filing Date	July 11, 2001					
First Named Inventor	James P. Beck					
Group Art Unit	1625					
Examiner Name	B. M. Robinson					
Attorney Docket Number	2809/1381					

ENCLOSURES (chack all that apply)							
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Third Supplemental Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed, prepaid postcard for acknowledging receipt Cother Enclosure(s) (please identify below): PTO-1449 (1 page) (in duplicate) 1 cited reference CCT 1 4 2004  TECH CENTER 1500/2900					
	above identified docket num						
SIGNATI	URE OF APPLICANT, ATTORNEY, O	R AGENT					
Individual name  Nixon Pe Clinton S Rocheste Telephon	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600						
Signature	alul to Sull	Registration No. 30,727					
Date Oct	ober 4, 2004						

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at

October 4, 2004

Signature
Jo Ann Whalen
Typed or printed name

## OCT O 6 2004 FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1,160

Complete if Known					
Application Number 09/902,845					
Filing Date	July 11, 2001				
First Named Inventor	James P. Beck				
Examiner Name	B. M. Robinson				
Art Unit	1625				
Attorney Docket No.	2809/1381				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							
Check C Credit Card Money Other None				3. ADDITIONAL FEES							
Order  Deposit Account:			Large	Large Entity		Small Entity		OCT 1 4 2004			
Deposit	14 1120		Fee	Fee	Fee	Fee		Fee Descrip	tion		
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	(s) indicated below	Credit any overpayments	1805	1,840*	1805	1,840*	Requestin	g publication of SI	R after Examiner		
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Large Entity	Small Entity	S. D. D. Daniel D.	1401	340	2401	170	Notice of	Appeal	.		
Fee Fee Code (\$)	Fee Fee F Code (\$)	Fee Description Fee Paid	1402	340	2402	170	Filing a br	rief in support of ar	appeal		
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1001 790	2001 395 U	Utility filing fee	1451	1,510	1451	1,510	Petition to	institute a public ι	ise proceeding		
1002 350		Design filing fee	1452	110	2452	55	Petition to	revive – unavoida	ble		
1003 550		Plant filing fee	1453	1,370	2453	685	Petition to	revive – unintenti	onal		
1004 790		Reissue filing fee	1501	1,370	2501	685	Utility issu	ue fee (or reissue)			
1004 790		Provisional filing fee	1502	490	2502	245	Design iss		I		
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2. EXTRA C	CLAIM FEES FO	OR UTILITY AND REISSUE	1806	180	1806	180	Processing fee under 37 CFR 1.17(q) Submission of Information Disclosure Stmt			180	
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		a Claims below Fee Paid	1		1		(times nur	nber of properties)			
Total Claims	32 -40** = 0	0 X 18 = 0	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))				
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Claims Multiple Depender	nt	x = 0	1801	790	2801	395	(37 CFR 1	.129(b)) or Continued Exam	instion (RCF)	<b></b>	
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Large Entity	Small Entity		1802	900	1802	900		or expedited examin	nation of a design		
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1202 18		Claims in excess of 20	i								
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1204 88		* Reissue independent claims over	l	c	CERTIF	ICATE OF	MAILING	OR TRANSMISSI	ON [37 CFR 1.8(a)]		
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			Date Signature								
					•		_		Ann Whalen		
			Typed or printed name						_		
SUBMITTED I	BY							Complete (if a)	pplicable)		
Name (Print/Typ	Mich	ael L. Goldman	_	ration No		30,727		·	(585) 263-1304	,	
Signature	Attorn	ney/Agent	<i>t)</i>			Date		2 224			
Signature		Lulul 7 De	ルル	_				Date	October 4	् २००५	